

Certificate of Need Task Force Meeting  
March 29, 2006  
Meeting Minutes

**TASK FORCE MEMBERS PRESENT**

Representative Barbara Bailey  
Representative Eileen Cody  
Norm Charney, MD  
Dorothy Graham  
Steve Hill  
Denise Hopkins, D.D.S.  
Kathy Marshall  
Brian Peyton for Mary Selecky  
Palmer Pollock  
Jon Smiley  
Robby Stern  
Janet Varon  
Carolyn Watts, Ph.D., Chair  
Rick Woods

**INTERESTED PUBLIC PARTIES**

Vicki Austin  
Stacey Baker  
Gary Bennett  
Chris Blake  
Jane Beyer  
Bart Eggen  
Cynthia Forland  
Lilia Gomez  
Lisa Jeremiah  
Robb Menaul  
Ellie Menzies  
Richard Milne  
Deb Murphy  
Scott Plack  
Edith Rice  
Phil Watkins  
David Weber

**TASK FORCE MEMBERS ABSENT**

Senator Alex Deccio  
Mary Selecky  
Senator Pat Thibaudeau

**STAFF PRESENT**

Nancy Fisher, MD  
Linda Glaeser, RN  
Gary Fugere  
Tom Piper, Consultant  
Beverly Skinner

Topic	Discussion	Follow-up
Welcome and Introductions	Introductions of members, staff and public parties were made.	
Agenda Review		
Minutes Review	There were no changes made to the agenda.	
Announcements	The minutes were approved as written.	

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Role Call		
Review of Project Purpose	<p>The CON Project Work Flow Overview document, which outlined the Project Scope, Principles and Deliverables, was reviewed.</p> <p>Steve Hill reviewed with the Task Force (TF) that:</p> <ul style="list-style-type: none"> <li>• a report with recommendations is due to the Legislature on November 1, 2006;</li> <li>• the TF was directed to develop recommendations to improve the current CON program;</li> <li>• the report should be based on the project principles as noted in the Project Work Flow Overview, including the premise that facilities and services currently subject to CON would remain subject;</li> <li>• any additional TF recommendations could and should be added at the end of the report; and</li> <li>• other legislative directed efforts may overlap, e.g., Long Term Care Task Force.</li> </ul>	
Discussion continued on CON purpose and goals	<p>The TAC recommendations from 3/16/06 were reviewed and discussed:</p> <ul style="list-style-type: none"> <li>• principles within the RCW related to purpose and goal can be general, while sections related to scope and criteria must be more specific;</li> <li>• the Preamble as constructed is an intent statement for the public policy for the state and should be used as an opening statement in the final report;</li> <li>• this preamble or purpose statement should contain language related to protecting stability in the community;</li> </ul>	Preamble statement to be used in final report as an “opening” statement.

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	<ul style="list-style-type: none"><li>• change the adjective for “health planning process” in the first sentence of section 1 on the handout Potential Recommendations for Redraft of RCW 70.38.015 to “strategic” rather than relevant;</li><li>• HCA would be the agency primarily at point for the reference to cost and purchasing strategies;</li><li>• the CON system must be flexible and adaptable to a changing environment;</li><li>• the CON program/process should integrate with both professional and facility licensure;</li><li>• a well informed advisory committee should support the CON program decisions;</li><li>• a broader health planning process is needed to an effective CON process;</li><li>• assignment of accountability for the health planning process is needed;</li><li>• the RCW language should include/address public health planning and disaster preparedness;</li><li>• additional language to bolster CON against lawsuits is advisable;</li><li>• section 4 needs further work for clarity of intent</li><li>• the phrase “sentinel role” in section 5 needs further work for clarity of intent;</li><li>• review of Bruce Spector’s presentation may yield additional ideas/recommendations; and</li><li>• CON decisions should be data driven and data monitored.</li></ul>	<p>TAC to consider discussion and develop additional language for discussion/approval at 5/17/06 meeting.</p> <p>Steve Hill asked to coordinate the development health planning process options with input from involved health agencies for further discussion at 5/17/06 meeting.</p> <p>Any further thoughts/ideas by TF members to be sent to Linda Glaeser for discussion with TAC.</p>
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<p>Luncheon Presentation: Perspectives from Other States</p>	<p>Tom Piper presented an overview of the CON process in eight selected states representing high vs. moderate vs. low vs. no current CON regulation.</p> <p>Questions of interest, for which data may not be available include:</p> <ul style="list-style-type: none"> <li>• Impact of for-profit hospitals on overall quality;</li> <li>• Impact of for-profit health plan on overall quality;</li> <li>• Impact of regulated health care worker ratios on quality; and</li> <li>• Impact of diversity versus homogeneity of demographics (cultural and genetic) on quality outcomes.</li> </ul>	<p>Staff will continue to gather related information.</p>
<p>Discussion continued on CON general review criteria</p>	<p>The TAC recommendations related to general criteria were reviewed/discussed:</p> <ul style="list-style-type: none"> <li>• charity care requirements should be consistent with related programs/regulations;</li> <li>• the issue of the adequacy and availability of the healthcare workforce needs to be addressed; and</li> <li>• osteopathic, non-allopathic hospitals no longer exist within the state; osteopathic practitioners are trained in the same facilities as other practitioners.</li> </ul>	<p>TAC requested to review discussion comments and develop further language for discussion/approval at 5/17/06 meeting.</p>
<p>TAC Discussion Report: Recommendations for consideration related to CON Scope of Coverage</p>	<p>The Worksheet of Health Services and Situation Eligible for Certificate of Need Review Summary was reviewed and discussed. The section titled: General Qualifiers and Considerations from the 3/15/06 Meeting contains the thoughts and remaining questions related to the potential implementation of the recommendations.</p>	

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	<p>Licensure, geographic and financial access, the elimination of capitol thresholds, and charity care were discussed by the TAC. It was noted that the subject of access came up in many of the issues discussed by the TAC. The TAC had concluded that it would be premature to take facilities completely off the table until there is a mechanism to enforce the access issue.</p> <p>Given the constraints of this project/process the TAC recommends that industry specific experts be involved in the ultimate development of a final list of facility and services for inclusion in the scope of coverage. This would include further discussion of the list of facilities/services identified as “Proposed as New Consideration”. The ultimate list would then need specific policies – also to be developed by a group of industry specific experts, much like the current effort related to dialysis.</p> <p>The guiding principles within ESSHB 1688 included: “It is generally presumed that the services and facilities currently subject to certificate of need should remain subject to those requirements”. The TAC acknowledged that each service and facility currently contained needs to be periodically reviewed and updated by an expert panel. It was recognized that following that review, the list could be altered based upon current information.</p>	
TAC Discussion Report: Recommendations for consideration related to	The Discussion Template for Service and Facility Specific Policies and Compliance Monitoring was reviewed and discussed. The TAC will continue its discussion of this	TAC asked to discuss further the question of “Who should be the CON decision-maker” in light of information from other

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Service and Facility Specific Policies	topic at the 4/13/06 meeting. .	states and TF discussion.
JLARC Study – Scope and Process	Lisa Jeremiah and Cynthia Forland, JLARC staff, provided an overview of the current JLARC performance audit of CON. The final report will be available for consideration by the TF at the 6/28/06 meeting.	
Public Comment	<p>Rob Menaul, representing WSHA, mentioned two items</p> <ul style="list-style-type: none"> <li>• Oncology Cancer Treatment Centers and Diagnostic Imaging Centers are listed as proposed to not review and requested that the TF reconsider this designation</li> <li>• cautioned not to raise expectations that CON will control health care expenditures, reform the HC system, or implement the public health care plan/systems as CON as a regulatory function addressed only a small slice of the health care pie.</li> </ul>	Oncology and diagnostic centers will be moved to the Proposed as New Consideration column.
Meeting Wrap-up	The next TAC meeting is Thursday, April 13. The next TF meeting has been moved from May 3 to May 17.	Staff will e-mail an updated schedule.
Adjourn	The meeting was adjourned at 4:30 pm.	